

**510(k) Summary**  
**Degas Anterior Cervical Plate System**  
**Premarket Notification**

<b>SUBMITTED BY</b>	Accel Spine 14901 Quorum Dr. Ste. 125 Dallas, TX 75254
<b>ESTABLISHMENT REGISTRATION NUMBER</b>	3009051471
<b>OWNER/OPERATOR NUMBER</b>	10035914
<b>CONTACT PERSON</b>	Aekta Patel General Counsel Accel Spine Phone: 214-545-5833 Fax: 888-831-4892
<b>SUBMISSION PREPARED BY</b>	Lisa Peterson Kaedon Consulting, LLC Email: lpeterson@kaedonconsulting.com Phone: 512-507-0746
<b>DATE PREPARED</b>	July 24, 2013
<b>CLASSIFICATION NAME</b>	Spinal Intervertebral Body Fixation Orthosis
<b>DEVICE CLASS</b>	Class II
<b>REGULATION NUMBER</b>	888.3060 (Product Code KWQ)
<b>COMMON NAME</b>	Anterior Cervical Plate System
<b>PROPRIETARY NAME</b>	Degas Anterior Cervical Plate System
<b>IDENTIFICATION OF PREDICATE DEVICE(S)</b>	Dio Medical Rex Anterior Cervical Plate System (K121862)

**SEP 03 2013**

**DEVICE DESCRIPTION**

The Degas Anterior Cervical Plate System consists of a variety of shapes and sizes of main plates, screws, sub-plates, rivets and associated instruments. The sub-plate is pre-assembled to the main plate and designed to prevent screws from backing out using the elastic behavior during the screw insertion.

The rivets are pre-assembled to the main plate, which firmly attach the sub-plate component to the main plate. Each component is color anodized to differentiate the screw type and diameter and to facilitate the surgical process.

The plates range in length to accommodate one, two, three, and four level procedures. Main plates are available from 20mm to 110mm. Screws are available in lengths from 10mm to 20mm in 2mm increments. The screws have either a 3.5mm or 4.0mm diameter. They are provided in fixed self-tapping, variable self-tapping, fixed self-drilling and variable self-drilling configurations.

**INDICATIONS**

The Degas Anterior Cervical Plate System is intended for anterior fixation to the cervical spine. The specific clinical indications include:

degenerative disc disease (DDD) (defined as neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fracture or dislocation), spinal stenosis, deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis, and failed previous fusion.

**SUMMARY OF TECHNOLOGICAL CHARACTERISTICS**

The purpose of this Special 510(k) is to obtain clearance to market the subject device as the Degas Anterior Cervical Plate System. The subject device was previously cleared as the Dio Medical Rex Anterior Cervical Plate System (K121862). Documentation demonstrating the legal right to distribute the Degas Anterior Cervical Plate System is maintained at Accel Spine.

The subject device is identical to the previously cleared Rex System in terms of indications for use, device dimensions, instrumentation, manufacturing process, cleaning/sterilization process and labeling. The System implant components are supplied non-sterile, are single use and are fabricated from titanium alloy (Ti-6Al-4V ELI) that conforms to ASTM F136.

**DISCUSSION OF NON-CLINICAL TESTING**

Non-clinical testing was not performed as part of this submission.

**CONCLUSIONS**

The subject device is identical to the predicate device in terms of indications for use, device dimensions, instrumentation, manufacturing process, cleaning/sterilization process and labeling. Documentation was provided as part of this Special 510(k) to demonstrate that the Degas Anterior Cervical Plate System is substantially equivalent to the predicate device.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

Accel Spine  
% Ms. Lisa Peterson  
Kaedon Consulting, LLC  
14001 Hunters Pass  
Austin, Texas 78734

September 3, 2013

Re: K132366

Trade/Device Name: Degas Anterior Cervical Plate System  
Regulation Number: 21 CFR 888.3060  
Regulation Name: Spinal intervertebral body fixation orthosis  
Regulatory Class: Class II  
Product Code: KWQ  
Dated: August 1, 2013  
Received: August 7, 2013

Dear Ms. Peterson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Mark N. Melkerson -S**

Mark N. Melkerson  
Director  
Division of Orthopedic Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## INDICATIONS FOR USE

510(k) Number (if known): **K132366**Device Name: **Degas Anterior Cervical Plate System**

## Indications for Use:

The Degas Anterior Cervical Plate System is intended for anterior fixation to the cervical spine. The specific clinical indications include:

degenerative disc disease (DDD) (defined as neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fracture or dislocation), spinal stenosis, deformities or curvatures (i.e., scoliosis, kyphosis, and/or lordosis), tumor, pseudoarthrosis, and failed previous fusion.

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use             
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Anton E. Dmitriev, PhD  
Division of Orthopedic Devices